



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Sisters of St. Joseph of Annecy
Address of centre:	Ballymacprior, Killorglin, Kerry
Type of inspection:	Unannounced
Date of inspection:	13 July 2022
Centre ID:	OSV-0000287
Fieldwork ID:	MON-0037076

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Joseph's Home is a purpose-built home, designed for older people who need care and help with their daily tasks and want to be supported to keep up their level of independence as long as possible. It is a vibrant place set in a desirable location, a short distance from Killorglin town, with a backdrop of the McGillicuddy Reeks, and on the banks of the River Laune. The centre provides 24-hour nursing care for up to 48 residents with varied levels of dependency, ranging from those residents requiring minimal support in their daily living such as companionship, supervision and a sense of safety and security, to those requiring maximum support in all aspects of their life. The range of nursing care provided for each resident is assessed on an individual basis and reflect the changes in level of need as time progresses right up to and including holistic end of life care. The layout of St. Joseph's Home allows ample space for mobilization, indoors and outdoors.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	42
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 13 July 2022	09:00hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector noted that residents were supported to enjoy a good quality of life in St Joseph's Home, by staff who were kind and caring. There was a very welcoming and homely atmosphere in the centre. The inspector met and spoke with a number of residents throughout the day of the inspection. Residents told the inspector that they were happy with the care provided by staff and with their quality of life and stated they had choice about how they would like to spend their day.

The inspector arrived unannounced to the centre in the morning and was met by a member of staff, who guided the inspector through the centre's infection control procedures, before entering the building. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises. The inspector found the premises was laid out to meet the needs of the residents and to encourage and aid their independence.

St Josephs Home provides long term care for both male and female adults, with a range of dependencies and needs. The centre is situated in a rural area, close to the town of Killorglan in County Kerry. It is registered to provide care for 48 residents and there were 42 residents living in the centre on the day of this inspection. Bedroom accommodation consists of 30 single bedrooms and 9 twin bedrooms, all of which have en-suite facilities. The inspector saw bedrooms were finished to a very high standard, the majority of them having been renovated over the past five years. There was ample storage for residents clothes and personal belongings in each room with built in wardrobes, chest of drawers and lockable storage. Each room also had a flat screen television, an overhead hoist, textured curtains and they were bright, clean and very well maintained.

Communal space within the centre was also decorated to a high standard and they were bright spaces with comfortable furnishings. There was a sufficient amount of communal space within the centre for residents which included three sitting rooms, two dining rooms, a visiting area, a large reception/foyer and an internal courtyard. There was also a hair dressing salon. The inspector saw that the larger sitting room was decorated with Kerry flags and colours. Residents told the inspector the colours were in aid of the Kerry football team being in the All Ireland Final and they were looking forward to the match in a couple of weeks. Some residents told the inspector they loved match days and that staff always ensured the television was set up for them to view the Kerry team in Croke Park.

The inspector saw that residents had very good opportunities for social engagement throughout the day. There had been an increase in staff allocated to activities in the past year, which had a positive impact on the quality of life of residents. One resident told the inspector "they were having a great day", as there was so much to do in the centre and they really enjoyed the interaction and fun. Another resident told the inspector they loved the daily activities and always looked forward to the

variety of the day. Residents had recently been on a trip to a pet farm, which they reported they enjoyed and the activities staff were planning another trip to a bog village, in the local area. A review of residents meeting had indicated that residents had requested more days out, and these suggestions had been actioned.

On the day of this inspection the inspector observed an Irish language class for residents being facilitated by a staff member in the morning, where 16 residents attended. There was great interaction between residents and staff, where they recalled old phrases and laughed about their school days studying Irish. As the weather was warm on the day of this inspection staff facilitated activities outdoors in the afternoon. Residents were facilitated to put on sun hats and sun screen and were served cold drinks. The garden had been upgraded since the previous inspection with murals on the walls, raised planting and a sensory garden was in progress. Residents enjoyed karaoke in the afternoon with microphones and were observed to be laughing and enjoying themselves.

Visitors told the inspector that that they were happy with the care provided to their loved ones and that the arrangements in place for visiting. The Inspector observed visitors attending the centre throughout the day of the inspection. On the day of inspection over 20 residents attended mass in the centres chapel, which was connected to the centre via a link corridor. The inspector was informed that mass took place in the centre every day at 11 am and residents told the inspector they valued this service. Residents reported that they enjoyed meal time in the centre and that the food was of very good quality. They explained that they were offered choice at each mealtime and could avail of snacks and drinks throughout the day.

The next two sections of this report will present findings of this inspection in relation to the governance and management arrangements in place and on how these arrangements impact on the quality and safety of the service provided. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a one day unannounced risk inspection to monitor compliance with the regulations. Overall, the inspector found that St Joseph's Home was a good centre, where the residents were supported and facilitated to have a good quality of life. Enhanced systems implemented in 2021, by the management team and the registered provider had been mainly sustained, which ensured a safe, quality service for residents was delivered. Some further areas required to be addressed, as per the findings of this inspection and they are detailed under the relevant regulations.

The registered provider of this centre is the Sisters of St. Josephs of Annecy. The organisational structure of the provider is clearly defined, as per the centres statement of purpose. Arrangements are in place whereby management within the centre report to the Chief Executive Officer of the Sisters of Nazareth, who also are responsible for the running of number of other centres around the country. There

was evidence of on site visits to the centre by the Chief Executive Officer and Chief Nursing Officer of the Sisters of Nazareth. There was also a weekly meeting where areas such as risk, infection control, staffing and incidents were discussed. There was evidence of shared learning between all centres around the country which the person in charge spoke positively about.

A review of the rosters found that staffing was adequate to meet the day-to-day needs of the residents in the centre, on the day of the inspection. There was a full time person in charge working in St Joseph's, who was supported by a clinical nurse manager, who deputised in their absence. There was a team of nurses, healthcare assistants, housekeeping, activities, kitchen and maintenance staff. There was evidence of good communication within the centre, via staff meetings in all departments and also residents meetings, which was a noted improvement. Records as set out in Schedules 2, 3 and 4 of the regulations and were kept in the centre and were made available for inspection. However, staff files did not always contain two references, as required by the regulations.

There was a programme of audit and evidence that the service was being monitored to improve quality. However, some audit tools being used were found to be ineffective in monitoring the service, which is further detailed under regulation 23. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. There was an complaints procedure in place, however, complaints were not all managed in line with the centres policy and as per the regulations. Incidents were being recorded electronically and all but one had been reported to the Chief Inspector as required.

Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary nursing experience and management qualification, as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing rosters and the observations of the inspector indicated that current staffing levels and the skill-mix were adequate to meet the assessed needs of the residents. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with dignity and respect.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were well maintained within the centre and training was being monitored. There were some small gaps in training in fire safety and responsive behaviours. Management were sourcing dates for these in the coming weeks. The induction documentation, for newly recruited staff, was found not to be completed in all staff files and this was required to ensure all staff were familiar with the layout and practices of the centre.

Judgment: Substantially compliant

Regulation 21: Records

The inspector reviewed four staff files. Two contained character references as opposed to employee references, therefore there was not a reference from the most recent employer as required by the regulations.

Judgment: Substantially compliant

Regulation 23: Governance and management

The systems of governance and management in place for the centre had improved further, since the previous inspection. However, the following required to be addressed, to ensure the effective delivery of a safe, appropriate and consistent service:

- audit tools in use to monitor care planning were not consistent and did not reflect the current care planning system in place in the centre. Therefore, the findings of the care plan audits did not reflect deficits in care planning found on this inspection and areas that required to be addressed.
- the monitoring of restraint was not robust to ensure that when bed rails were in place they were being monitored effectively, this is further detailed under regulation 7.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care, which had been signed; however, they did not contain all the requirements of the regulations which included:

- details of additional fees to be charged and changes to these fees.
- the room to be occupied.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One complaint, which should have been submitted as a notification, had not been submitted to the Chief Inspector as required by the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Two complaints open at the time of this inspection were not followed up in a timely manner, as per the actions agreed with the complainant.

Judgment: Substantially compliant

Quality and safety

Overall, residents received good standards of health care and their rights and preferences were supported in St Joseph's Home. Residents spoke positively about living in the centre and about the care they received. Residents' health, social care and spiritual needs were well catered for and it was evident that the registered provider was committed to ensuring a safe and high quality service was provided to residents. Some areas pertaining to care planning, infection control and the monitoring of restraint required to be addressed, which are detailed under the relevant regulations.

Residents were supported to access appropriate health care services in line with their assessed needs and preferences. General Practitioners (GP) attended the centre on a weekly basis, residents had regular medical reviews and were referred to allied health professionals as required. The inspector reviewed a sample of resident files and found evidence that resident's assessments were completed within 48 hours of admission to the centre, in line with regulatory requirements. However, the documentation of nursing assessment and care planning required review, to

ensure that care plans were up to date and provided accurate information to direct care, which is further detailed under regulation 4. The monitoring of restraint in use also required to be improved, which is detailed under regulation 7.

The management of fire safety was kept under review and improvements were noted since the previous inspection. Service records were in place for the maintenance and testing of fire detection and containment systems. Records evidenced that staff engaged in frequent fire evacuation drills of compartments. There was a comprehensive cleaning schedule in place for the premises, and adequate cleaning staff employed. There was good oversight of cleaning by management. However, some further areas required to be addressed, as detailed under regulation 27.

Residents reported they felt safe in the centre and the provider had put more robust systems in place to manage residents finances since the previous inspection. Residents' meetings were held regularly in the centre. An annual review was carried out in the centre and was made available to residents, as required by the regulations. The residents had access to advocacy services, and the provider, together with staff in St Joseph's Home, were committed to promoting the residents' independence in the centre. Residents had very good opportunities to participate in activities, in accordance with their interest and capacities and it was evident that by increasing resources in this area, it had a positive impact on residents quality of life.

Regulation 11: Visits

Visits were seen to take place in line with updated visiting guidelines. Visitors were seen attending the centre throughout the inspection with residents and visitors satisfied with the arrangements that were in place. Staff were observed checking visitors' temperatures and guiding them through hand hygiene practices upon entry to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store their clothes and personal possessions. Clothes were laundered on site and residents expressed satisfaction with the quality of this service.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained. It was decorated to a high standard and there were further improvements observed since the previous inspection, such as painting and new furniture. The premises conformed with the matters set out in Schedule 6 of the Regulations.

Judgment: Compliant

Regulation 27: Infection control

While there were numerous examples of good practice observed on the day, the following areas required to be addressed:

- the inspector observed two staff members not wearing face masks. This was not in line with the Health Protection and Surveillance Centre (HPSC) guidelines in the management and prevention of COVID-19.
- an outbreak of COVID-19 was declared in the centre in March 2022. This was the first significant outbreak experienced by the centre since the beginning of the pandemic. Approximately half the residents living in the centre tested positive during this outbreak. However, a formal review of the management of the outbreak, to include lessons learned and to ensure preparedness for any further outbreak had not been completed, as recommended in national guidelines.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Significant improvements were noted in fire precautions since the previous inspection. Fire exits were clearly visible and free from obstruction. Fire safety training and evacuation drills were carried frequently. Equipment had preventive maintenance conducted at the recommended frequency. Personal emergency evacuation plans (PEEPs) were in place for each resident. Staff were knowledgeable and clear about what to do in the event of a fire, and what the fire evacuation procedures were.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While some care planning documentation demonstrated comprehensive knowledge of residents' individualised needs and person-centred care, this was not consistent. A new electronic care planning documentation system had been introduced since the previous inspection. Findings on review of care plans were that:

- not all care plans were updated four monthly.
- some information in care plans was generic and not detailed enough to direct care.
- end of life care plans did not reflect residents preferences.

The management team acknowledged this finding and informed the inspector that further training would be sourced.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to general practitioners (GPs) from local practice, specialist medical and nursing services, including psychiatry of older age and community palliative care. Allied health professionals provided timely assessment and support for residents as appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint was not being monitored effectively in the centre. The inspector observed that bedrails were in use for residents, however, as per the centres records there were no bedrails in use. Further training was required to ensure that management and staff were aware of what constitutes a restraint.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector followed up on the findings of the previous inspection where it was found that the provider was a pension agent for one resident, however, this money

was being held in a general nursing home account. The provider had set up a personal resident account in response to this, which now complied with the Department of Social Protection guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and residents were consulted with in relation to the day-to-day operation of the centre. Residents' committee meetings had recently taken place and records indicated that activities, visiting, food preferences and COVID-19 were discussed with residents. Residents were supported to access the independent advocacy services. Residents had access to radio, television, newspapers and other media.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Home OSV-0000287

Inspection ID: MON-0037076

Date of inspection: 13/07/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Registered Provider will come into compliance with Regulation 16 by: Conducting a review of all staff training records and arranging training for Staff members who require training in Fire safety and Responsive Behaviours; and Completing an induction programme for all newly recruited staff and on completion, updating the records in the Staff HR file.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The Registered Provider will come into compliance with Regulation 21 by: Completing a review of all Staff HR Files and obtaining a reference from the most recent employer where the new employee has had an employer previously. A new HR audit tool has also been implemented to ensure that all new applicants have a reference from the Line Manager of their last employer.</p>	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The Registered Provider will come into compliance with Regulation 23 by:
 Ensuring only one Care Plan audit tool is used for auditing care plans; and
 Audits of Restraint in the designated centre will now contain an audit of bed rails in use.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 The Registered Provider will come into compliance with Regulation 24 by:
 Completing a review of all Contracts of Care in place and updating them when required to ensure that they contain

- details of additional fees to be charged and changes to these fees;
- details of the room including single or twin, to be occupied.

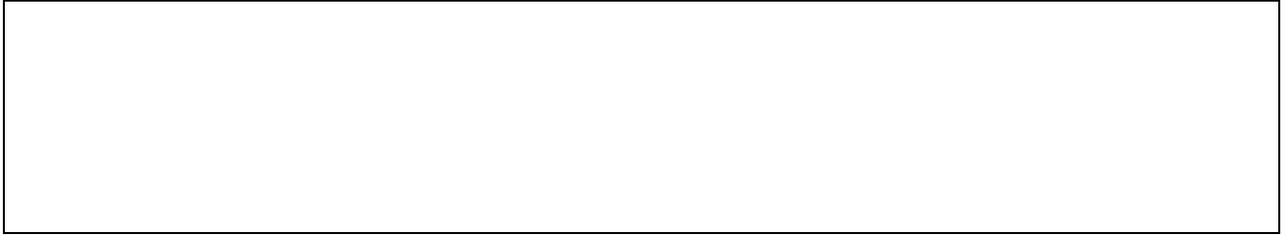
Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 The Registered Provider will come into compliance with Regulation 31 by:
 Completing a retrospective notification of the complaint that should have been notified to the Chief Inspector.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 The Registered Provider will come into compliance with Regulation 34 by:
 Implementing all aspects of the designated Centre's complaints policy in full and this will ensure that all correspondence is completed in a timely manner.

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider will come into compliance with Regulation 27 by: Completing supervision with the two staff members who were observed during the inspection on the safe use of Face Masks and PPE requirements that adheres to current HPSC guidance; and</p> <p>The completion of a formal serious incident review into the Covid 19 outbreak that occurred in March 2022. Any learning from this review will be actioned and shared with colleagues in the Home and colleagues engaged in the weekly Governance Management meetings held throughout the Irish Region.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The Registered Provider will come into compliance with Regulation 5 by: Ensuring that all staff are engaged in the completion of care plans to a satisfactory standard and ensuring that all Care Plans:</p> <ul style="list-style-type: none"> • are, at a minimum, updated four monthly; • contain detailed person centred information to direct care. • residents' preferences are clearly identified where the resident is on an end of life care pathway. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The Registered Provider will come into compliance with Regulation 7 by: Completing a review of all restraint in the designated centre including bed rails and following this review updating all the records in the centre. Further training will be arranged on Restraint to ensure that all staff are aware of what constitutes a restraint.</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/09/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/08/2022
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall	Substantially Compliant	Yellow	30/09/2022

	relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/08/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector	Substantially Compliant	Yellow	30/08/2022

	notice in writing of the incident within 3 working days of its occurrence.			
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	11/08/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	12/08/2022